

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20865

State File No.

4898

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo., c. LENGTH OF STAY (If this place) Life,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3535 Tennessee,		d. STREET ADDRESS (If rural, give location) 16 - 3535 Tennessee,	

3. NAME OF DECEASED (Type or Print) a. (First) Floresa Mary Carter, b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6/3/49	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2/18/1901	9. AGE (In years last birthday) 48	10 UNDER 1 YEAR 3 Months	11 UNDER 1 HRL. 15 Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife,	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.,	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Pintner	13b. MOTHER'S MAIDEN NAME Mary Zika	14. NAME OF HUSBAND OR WIFE Henry Carter,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Henry Carter ADDRESS 3535 Tennessee,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchial asthma		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pulmonary tuberculosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NO 2 K
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22. I hereby certify that I attended the deceased from **June 1945**, to **June 3, 1949**, that I last saw the deceased alive on **June 2, 1949**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. T. Werlman (Degree or title)	23b. ADDRESS 3507 Poloway	23c. DATE SIGNED 6-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/6/49	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.,
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 6 1949 J. B. Lassiter	EMERAL DIRECTOR'S SIGNATURE ADDRESS BURKART-YEAGER 3801 "DUNNICA"
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

was tubercled dead

4898

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed Elmo P. Sadwell

Licensed Embalmer No. 4077

Signed.....
Student Embalmer

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

